

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

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FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 910.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-3040 Deposit Account Name: Howson and Howson For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge free(s) indicated below Tother information and authorization on this form may become public. Credit card information and authorization on PTO-2038 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$)
FOR FY 2005 First Named Inventor Kenji Inoue
Applicant claims small entity status. See 37 CFR 1.27
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METHOD OF PAYMENT (\$) 910.00 Attorney Docket No. KIN9OUSA METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-3040 Deposit Account Name: Howson and Howson For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below indicated below, except for the filing fee Charge fee(s) indicated below indicated below, except for the filing fee Charge fee(s) indicated below indicated below, except for the fi
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Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Fee Percentage Fee (\$) Fee (\$)
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300
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2. EXCESS CLAIM FEES Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues) 200 100 360 180
Multiple dependent claims
Total Claims
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims
- 3 or HP =x = HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50
1. The surface thereof S_{22} 25 H S C $A1(a)(1)(G)$ and 37 CFR 1.10(S).
Total Sheets Extra Sheets Number of each additional 50 of maction and the payment of the payment
- 100
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) / Extension Fee \$910.00
SUBMITTED BY Registration No. 24,442 (Attomey/Agent) Telephone 215-540-9200
Name (Print/Type) George A. Smith, Jr. Date 01/17/2006